	CIGNA OAP Co-Pay Plan		CIGNA OAP 90% Co-Insurance Plan		CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente HMO
	In Network - National	Out of Network	In Network - National	Out of Network	In-Network - National	Out of Network	In-Network - Local
Primary Care Physician (PCP)	\$25 PCP co-pay; then Plan pays	Plan pays 70% co-insurance	Plan pays 90% co-insurance	Plan pays 70% co-insurance	Plan pays 80% co-insurance	Plan pays 60% co-insurance	\$10 PCP co-pay
Primary Care Physician (PCP)	100%	after plan deductible is met	after plan deductible is met	after plan deductible is met	after plan deductible is met	after plan deductible is met	No charge for Children under 5
Specialty Care	\$50 Specialist co-pay;	Plan pays 70% co-insurance	Plan pays 90% co-insurance	Plan pays 70% co-insurance	Plan pays 80% co-insurance	Plan pays 60% co-insurance	\$10 PCP co-pay
	then Plan pays 100%	after plan deductible is met	after plan deductible is met	after plan deductible is met	after plan deductible is met	after plan deductible is met	. ,
HSA Fund		gible for Fund	Not eligible for Fund	Not eligible for Fund	Not eligible for Fund	Not eligible for Fund	Not eligible for Fund
Annual Deductible	\$0	\$250 Individual	\$200 Individual	\$400 Individual	\$350 Individual	\$700 Individual	\$0
	\$2,500 Individual	\$500 Family \$5,000 Individual	\$400 Family \$2,000 Individual	\$800 Family \$4,000 Individual	\$700 Family \$2,500 Individual	\$1,400 Family \$5,000 Individual	\$3,500 Individual
Annual Out-of-Pocket Limit	\$5,250 Family	\$10,500 Family	\$4,000 Family	\$8,000 Family	\$5,000 Family	\$10,000 Family	\$9,400 Family
	Plan Pays 100%	Through age 17: Plan pays 70% co-	¥ 1,000 1 d.111115		<del>+ + + + + + + + + + + + + + + + + + + </del>	Through age 17: Plan pays 60%	φο, του τ αππη
Preventive Care – All Ages	·	insurance, no plan deductible		Through age 17: Plan pays 70% co- insurance, no plan deductible		co-insurance, no plan deductible	
Routine Preventive Care		Ages 18 and above: Plan pays 70% co-	Plan Pays 100%	Ages 18 and above: Plan pays 70%	Plan Pays 100%	Ages 18 and above: Plan pays	No Charge
Immunizations		insurance after plan deductible	1 lair i ays 10070	co-insurance after plan deductible	Tiditi dys 10070	60% co-insurance after plan	No Gharge
Mammogram, PAP, PSA Tests		Is met		Is met		deductible	
	\$200 per admission as pay		Plan nava 009/ ee incurance	Dian nava 70% sa insurance	Dian nava 900/ aa inauranaa	is met Plan pays 60% co-insurance	
Inpatient Hospital Facility	\$200 per admission co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met	Plan pays 70% co-insurance after plan deductible is met	Plan pays 80% co-insurance after plan deductible is met	after plan deductible is met	No Charge
	\$50 per facility visit co-pay,	Plan pays 70% co-insurance	Plan pays 90% co-insurance	Plan pays 70% co-insurance	Plan pays 80% co-insurance	Plan pays 60% co-insurance	<b>A.A.</b>
Outpatient Facility Services	then Plan pays 100% co-insurance	after plan deductible is met	after plan deductible is met	after plan deductible is met	after plan deductible is met	after plan deductible is met	\$10 visit
Outpatient Professional	Plan pays 100% co-insurance	Plan pays 70% co-insurance	Plan pays 90% co-insurance	Plan pays 70% co-insurance	Plan pays 80% co-insurance	Plan pays 60% co-insurance	#40:-:
Services		after plan deductible is met	after plan deductible is met	after plan deductible is met	after plan deductible is met	after plan deductible is met	\$10 visit
	\$20 per visit co-pay;	Plan pays 70% co-insurance	Plan pays 90% co-insurance	Plan pays 70% co-insurance after	Plan pays 80% co-insurance	Plan pays 60% co-insurance after	\$15 co-pay;
Chiropractic Care	then Plan pays 100%	after plan deductible is met.	after plan deductible is met	plan deductible is met.	after plan deductible is met	plan deductible is met.	Annual limit 20 visits
	DI 4000/	Maximum 12 visits per year	·	Maximum 12 visits per year	·	Maximum 12 visits per year	7 unidar mini 25 viole
	Plan pays 100%	Plan pays 100%	Plan pays 90% co-insurance	Plan pays 90% co-insurance	Plan pays 80% co-insurance	Plan pays 80% co-insurance	Covered in full to maximum. One hearing
Hearing Aids	Maximum benefit is \$2,800 every 36 months	Maximum benefit is \$2,800 every 36 months	no deductible Maximum benefit is \$2,800	no deductible  Maximum benefit is \$2,800	no deductible Maximum benefit is \$2,800	no deductible Maximum benefit is \$2,800	aid/ear every 36 months- maximum
	every 30 months	every 50 months	every 36 months	every 36 months	every 36 months	every 36 months	\$1,000
Vision Theorem	Plan pays 100%	Plan pays 70% co-insurance	Plan pays 90% co-insurance	Plan pays 70% co-insurance	Plan pays 80% co-insurance	Plan pays 60% co-insurance	N. C.
Vision Therapy	paya	after plan deductible is met	after plan deductible is met	after plan deductible is met	after deductible is met	after plan deductible is met	Not covered
	\$150 per visit (co-pay waived if	\$150 per visit (co-pay waived if	\$150 per visit (co-pay waived if	\$150 per visit (co-pay waived if		\$150 per visit (co-pay waived if	\$150 per visit (co-pay waived if admitted
Emergency Room	admitted); then Plan pays 100%	admitted); then Plan pays 100%	admitted); then Plan pays 100%	admitted); then Plan pays 100%	\$150 per visit (co-pay waived if	admitted); then Plan pays 100%	other than observation)
		4-2	,, , , , , , , , , , , , , , , , , , , ,	, ,	admitted); then Plan pays 100%	,,	outer than observation)
Urgent Care Facility	\$50 per visit (co-pay waived if	\$50 per visit (co-pay waived if	\$50 per visit (co-pay waived if admitted);	\$50 per visit (co-pay waived if	\$50 per visit (co-pay waived if	\$50 per visit (co-pay waived if	\$10 visit
TMJ, Surgical and Non-	admitted); then plan pays 100% \$25 PCP or \$50 Specialist co-pay;	admitted); then Plan pays 100% Plan pays 70% co-insurance	then Plan pays 100% Plan pays 90% co-insurance	admitted); then Plan pays 100% Plan pays 70% co-insurance	admitted); then Plan pays 100% Plan pays 80% co-insurance	admitted); then Plan pays 100% Plan pays 60% co-insurance	
Surgical (Physician's Office)	then Plan pays 100%	after plan deductible is met	after plan deductible is met	after plan deductible is met	after plan deductible is met	after plan deductible is met	Not covered
	\$200 per admission co-pay,	Plan pays 70% co-insurance	and plan doddensie ie met	and pair deduction is met	and plan adaddible to mot	artor plan doddolible to mot	Inpatient – covered in full when medically
Mental Health & Substance	then Plan pays 100% co-insurance	after plan deductible is met	Plan pays 90% co-insurance	Plan pays 70% co-insurance	Plan pays 80% co-insurance	Plan pays 60% co-insurance	necessary
Abuse Treatment	,	· ·	after plan deductible is met	after plan deductible is met	after deductible is met	after plan deductible is met	Outpatient-\$1- individual visit
In-Patient						·	\$5 group
Annual Prescription Drug	\$50 Individual Deductible						
Deductible	· ·						Kaiser-Pharmacy – 30 day supply \$10 Generic
Annual Prescription Drug	41)44 managa						\$20 Preferred Brand
Out-of-Pocket Limit	\$3,000 Family  Patril 20 dou curply Patril 20 dou c						\$35 Non-preferred Brand
	Retail – 30 day supply \$7 co-pay Generic	Retail – You pay 30% after Pharmacy deductible	Retail – 30 day supply \$7 co-pay Generic	Retail – You pay 30% after Pharmacy deductible	Retail – 30 day supply \$7 co-pay Generic	Retail – You pay 30% after Pharmacy deductible	Goo Non prototrou Brana
NOTE: Diabetic Medications	20% Preferred Brand (max. \$50)	deductible	20% Preferred Brand (max. \$50)	deductible	20% Preferred Brand (max. \$50)	1 Harmacy deductible	Community Pharmacy – 30 day supply
and Supplies are free for	30% Non-preferred (max. \$100)		30% Non-preferred (max. \$100)		30% Non-preferred (max. \$100)		\$20 Generic
participants in all Cigna			, , , ,		, , ,		\$40 Preferred Brand
managed plans when the	Home Delivery – 90 day supply	Home Delivery – Not Covered	Home Delivery – 90 day supply	Home Delivery – Not Covered	Home Delivery – 90 day supply	Home Delivery – Not Covered	\$55 Non-Preferred Brand
prescription is filled via home	\$0 co-pay Generic Maintenance		\$0 co-pay Generic Maintenance		\$0 co-pay Generic Maintenance		Mail Order – 90 day supply
delivery pharmacy or at a	Medications; \$14 co-pay Generics		Medications; \$14 co-pay Generics non-		Medications; \$14 co-pay Generics non-		\$20 Generic
retail pharmacy	non-maintenance 20% Preferred Brand (max. \$100)		maintenance 20% Preferred Brand (max. \$100)		maintenance 20% Preferred Brand (max. \$100)		\$40 Preferred Brand
	30% Non-preferred (max. \$200)		30% Non-preferred (max. \$200)		30% Non-preferred (max. \$200)		\$70 Non Preferred Brand
	5573 Horr protottod (Hidx. 4250)		σο /ο ποιή ρισίστισα (πιαλ. ψ2σσ)		55 /5 Horr protottod (Hax. \$250)		